

UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	MCP-5021									
		First Inventor	David W. Wynn et al.									
		Title	CONTROLLED RELEASE ANALGESIC SUSPENSIONS									
		Express Mail Label No.	EV 086126195 US									
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
<p>See MPEP Chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages- 23] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets -2]</p> <p>5. Oath or Declaration [Total Pages -3]</p> <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed .</p> <p>Prior application information: Examiner Group Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT</p> <p>Please direct all telephone calls or telefaxes to Michele G. Mangini at: Telephone: (732) 524-2810 Fax: (732) 524-2808</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1"> <tr> <td>NAME</td> <td>Michele G. Mangini</td> <td>Reg. No. 36,806</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">October 30, 2003</td> </tr> </table>				NAME	Michele G. Mangini	Reg. No. 36,806	SIGNATURE			DATE	October 30, 2003	
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SIGNATURE												
DATE	October 30, 2003											

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FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	
		Filing Date	October 30, 2003
		First Named Inventor	David W. Wynn et al.
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	MCP-5021

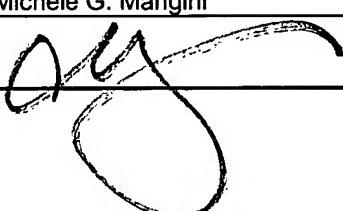
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	22 - 20 =	2	x 18.00	\$ 36.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 84.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 870.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/MCP5021/MGM in the amount of \$870.00.
 Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP5021/MGM. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Michele G. Mangini		Reg. No. 36,806
Signature		Date: 10/30/03	Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: David W. Wynn et al.

For : CONTROLLED RELEASE ANALGESIC SUSPENSIONS

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"Express Mail" mailing number: EV 086126195 US

Date of Deposit: October 30, 2003

I hereby certify that this complete application, (including 23 specification pages, 22 claims, 1 page abstract, and two pages Figs. 1-2 of drawings), Declaration and Power of Attorney (unexecuted, 3 pgs.), and Patent Application Transmittal (2 pgs.), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

An executed Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Laurie Phillips

(Typed or printed name of person mailing paper or fee)

Laurie Phillips

(Signature of person mailing paper or fee)